

# Victim Crisis Responder

## Volunteer Screening Form

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City Zip

Have you ever committed a felony (A crime punishable by imprisonment in a state prison)? Yes or No  
Have you ever committed a misdemeanor (Any other crime but not traffic offenses)? Yes or No

Have you ever been arrested and/or convicted of a felony? Yes or No  
Have you ever been arrested and/or convicted of a misdemeanor Yes or No

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### Release of Information Statement

As an applicant for the Victim Crisis Response program with the Neenah Police Department, I am willing to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature.

I hereby release you, your organization or others from liability or damage, which may result from furnishing the information requested to the Neenah Police Department.

I understand for security reasons, background information will be requested and a basic clearance check will be conducted and I will be fingerprinted.

I understand that falsifying statements on this application or during the interview process is cause for my immediate dismissal from the Victim Crisis Response volunteer program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by VCR Coordinator: Date: \_\_\_\_\_

Criminal History Check \_\_\_\_\_ Reference Check \_\_\_\_\_

Drivers License Check \_\_\_\_\_ Local Records \_\_\_\_\_

Employment History \_\_\_\_\_

Other Issues:

**Victim Crisis Response Team  
1900 W Grand Chute Blvd  
Appleton WI 54913  
(Office) (920) 380-2989**

## **Volunteer Application**

Name:		Today's Date:	
Last	First	Middle	
Address: _____			
Street		City	Zip
Date of Birth	Soc. Sec No. _____		
Drivers License No. And Expiration Date: _____			
Is this license currently valid: Yes / No		Do you have personal transportation: Yes / No	
Home Phone Number: _____		Cell Phone Number _____	
Email Address _____		Previous Name(s) _____	

Are you currently employed? Yes No If yes, description of employment: \_\_\_\_\_

List any languages, other than English you speak: \_\_\_\_\_

List any special skills, training, interest or hobbies that you have that may be useful to VCR

Program: \_\_\_\_\_

Education Background: High School \_\_\_\_\_

College \_\_\_\_\_ Dates \_\_\_\_\_

Degree(s) Received: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Please list any other community activities: \_\_\_\_\_

Have you had any traumatic experiences that would benefit or jeopardized your participation on the VCR Team? \_\_\_\_\_

Is there anything in your past that might disqualify you from functioning as a Victim Crisis Responder for the Fox Cities Police Departments? Yes\_\_No\_\_ If yes, please describe briefly: \_\_\_\_\_

**Work Experience** (Most recent first---within the last five years)

Employer/Supervisor

Phone Number

1.) \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2.) \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.) \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I heard about the VCR program through \_\_\_\_\_

\_\_\_\_\_

List 3 personal references other than family:

Name:

Phone:

Relationship:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

In case of emergency, please contact:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

In order to evaluate each application, we are in need of gaining a clear understanding of your suitability to participate in the VCR program.

On a SEPARATE sheet of paper, please PROVIDE A BRIEF PERSONAL HISTORY along with a description of interests in the program.

Applications may be mailed/emailed/delivered to:

Jenni Kunderger

Victim Crisis Response Coordinator

Grand Chute Police Department

1900 W Grand Chute Blvd

Appleton WI 54913

jenni.kunderger@grandchute.net